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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**  
(37 CFR 1.63)

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** BTI-19

**First Named Inventor** Weiner, Michael L.

**COMPLETE IF KNOWN**

**Application Number** 10/077,932

**Filing Date** February 19, 2002

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"An Electromagnetic Interference Immune Tissue Invasive System"

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) February 19, 2002 as United States Application Number or PCT International

Application Number 10/077,932 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/269,817	02/20/2001	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent  
Number

Parent Filing Date  
(MM/DD/YYYY)

Parent Patent Number  
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

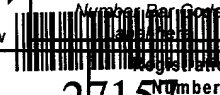
☒ Customer Number

27157

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code



PATENT TRADEMARK OFFICE

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number  
or Bar Code Label

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OR ☐ Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Michael L.

Weiner

Inventor's  
Signature

Date

21 May 02

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14538

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☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Jeffrey L.

Helfer

Inventor's  
Signature ✓

*Jeffrey L. Helfer*

✓ Date *28 May 2002*

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Country US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

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Family Name or Surname

Patrick R.

Connelly

Inventor's  
Signature ✓

*Patrick R. Connelly*

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Stuart G.

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Signature ✓

*SG MacDonald*

✓ Date *20 May 02*

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Victor		Miller	
Inventor's Signature <i>Victor Miller</i>		Date <i>16 May 02</i>	
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City Clarence	State NY	ZIP 14031	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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